

Pearson 180

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7270

State File No. ....

Registrar's No. ....

Registration District No. ....

Primary Registration District No. ....

3054

ED MAR 15 1942 78

## 1. PLACE OF DEATH:

- (a) County Pike  
(b) City or town Louisiana  
(c) Name of hospital or institution: 113 1/2 Water St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT  
FULL NAME

Charles Everett Rue

3. (b) If veteran,
- 
- name war

no

3. (c) Social Security
- 
- No.
- no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced. Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  
alive. years  
7. Birth date of deceased. Sep 23- 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
7 4 15 hr. min.

9. Birthplace. Louisiana Mo 1  
(City, town, or county) (State or foreign country)

10. Usual occupation
- Infant

## 11. Industry or business

12. Name Charles Albert Rue  
13. Birthplace Busch Mo 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Loretta H Wheeler  
15. Birthplace Ashburn Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Rue  
(b) Address 113 Water St Louisiana Mo  
17. (a) Burial (b) Date thereof 2-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Riverside Cemetery  
18. (a) Signature of funeral director F. H. Hark  
(b) Address Louisiana Mo  
19. (a) 2/8/43 (b) F. H. Hark  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 113 1/2 Water St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓ 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8  
year 1943 hour 500 minute a M.  
21. I hereby certify that I attended the deceased from Feb 7th 1943 to Feb 8th 1943;  
that I last saw him alive on Feb 7th 1943;  
and that death occurred on the date and hour stated above.

- Immediate cause of death mitral insufficiency  
Congenital  
Due to Congenital  
Due to

- Other conditions  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations

- Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work (Specify type of place) (e) Means of injury

23. Signature L. M. Carlson (M. D. or other)  
Address Louisiana Mo Date signed 2/8/43

11067 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-43-568

Date Filed MAR 12 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George O. Wagner....., Registered Apprentice No.....  
working under my personal supervision.

Signed George O. Wagner.....

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.